

Receipt # _____

☐ Cash ☐ Check ☐ Charge

☐ \$458 (75% RES) ☐ \$483 (NR)

201_ SOFTBALL LEAGUE REGISTRATION FORM

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: _____

Team Manager: _____

Home Phone: _____

Alternate Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

Name: _____

Email: _____

Name: _____

If paying by credit card (Visa/MasterCard): Credit Card Number (only if card is not present) _____

Cardholder's Signature: _____ Exp. Date: _____

Team Status	Slow Pitch	Fast Pitch	Coed
<input type="checkbox"/> New Team	<input type="checkbox"/> Men's – Tuesday	<input type="checkbox"/> Men's – Wednesday	<input type="checkbox"/> Open – Sunday
<input type="checkbox"/> Returning Team	<input type="checkbox"/> Men's – Thursday	<input type="checkbox"/> Modified – Friday (Summer and Fall)	<input type="checkbox"/> Corporate – Monday
<input type="checkbox"/> Winter	<input type="checkbox"/> Church – Friday (Summer only)	<input type="checkbox"/> Women's – Sunday (Summer and Fall)	
<input type="checkbox"/> Summer			
<input type="checkbox"/> Fall			
Team Name			

TEAM EVALUATION

Please rate your team to assist in team placement.

Competitive attitude: VERY COMPETITIVE COMPETITIVE RECREATIONAL

Overall Team Rating: A B C D E F

Please check **all** available game times:

Slow Pitch & Corp. Coed ☐ 6:30-7:45 ☐ 7:45-9:00 Women's Fast ☐ 1:00-4:30 ☐ 4:30-8:00 Open Coed ☐ 1:00-4:45 ☐ 3:30-7:15

Notes: _____

Team Manager's Signature: _____ Date: _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams

REGISTRATION CHECKLIST

☐ Registration Form ☐ Team Roster ☐ Hold Harmless ☐ League Fees ☐ Player Verification